

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS    | ID NO. | DATE       |
|---------------------------|-------------|--------|------------|
| FEE DETERMINATION         |             |        |            |
| O.I.P.E. CLASSIFIER       |             | 21     | 1/10/01    |
| FORMALITY REVIEW          | Z. D. H. W. | 50551  | 01-23-2001 |
| RESPONSE FORMALITY REVIEW |             |        |            |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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